

A horizontal decorative banner at the top of the page. It consists of a series of colored squares (blue, teal, red, purple, green) followed by white icons: a hand, a sun, a heart, a hand, and a globe. To the right of the banner, the text "PATIENT EDUCATION" is written in a serif font.

PATIENT EDUCATION

Caring for Your Six-Month-Old

MAYO CLINIC CHILDREN'S CENTER



BARBARA WOODWARD LIPS
PATIENT EDUCATION CENTER

Mayo Clinic Children's Center

For more than 100 years, teams of physicians have cared for children at Mayo Clinic.

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Critical Care	Nephrology	Research
Dermatology	Neurology	Rheumatology
Developmental and Behavioral Pediatrics	Neurosurgery	Sleep Medicine Center
Emergency Medicine	Ophthalmology	Speech Pathology
Endocrinology and Metabolism	Oral and Maxillofacial Surgery	Surgery
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	Otorhinolaryngology (ENT)	
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Aerodigestive Clinic	Dermatology Genetics Clinic	Mood Disorders Clinic
Anxiety Disorders Clinic and Intensive Therapy Program	Diabetes Clinic	Neonatal Follow-Up Clinic
Arrhythmia and Device Placement Clinic	Eating Disorders Clinic	Neuromuscular Clinic
Asthma Center	Eosinophilic Esophagitis Clinic	Pain Clinic
Attention Deficit Hyperactivity Disorders (ADHD) Clinic	Epilepsy Clinic	Pain Rehabilitation Center
Bariatric Surgery Clinic	Erythromelalgia Clinic	Pediatric Diagnostic Referral Clinic
Brain Injury Program	Facial Paralysis and Reanimation Clinic	Pediatric Level 1 Trauma Center
Brain Tumor Clinic	Feeding Program	Plagiocephaly Program
Cerebral Palsy Clinic	Fertility Preservation	Pulmonary Hypertension Program
Chemotherapy/Radiation Long-Term Effects Clinic	Fetal Surgery Program	Renal Stone Clinic
Child and Adolescent Intensive Mood Program (CAIMP)	Friedreich's Ataxia Clinic	Spina Bifida Clinic
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	Inflammatory Bowel Disease Clinic	Travel Clinic
	Learning Disorders	Vascular Malformations
	Assessment Clinic	Velo-Pharyngeal Insufficiency Clinic
	Long QT Syndrome Clinic	Voiding Clinic
	Marfan Syndrome Clinic	Weight Management Clinic

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Introduction

Parents are amazed at how their baby has changed in six months. It may seem that your baby can do something new every day. As your baby grows and develops, you face new issues and challenges.

Use the following information as a resource during the next three months of your baby's life. If you have questions about this information or your baby, talk with your baby's health care provider.



Developmental Milestones

Mental and physical development

Most six-month-olds are able to babble and turn toward voices. Most can roll over and sit with support. And most can reach for objects and transfer them from one hand to another. Some six-month-olds may have their first tooth.

In the next three months you can expect your baby to enjoy playing peekaboo and patty-cake. Your baby may begin saying "M," "D," and "B" sounds, such as "mama" and "dada." You can expect your baby to pick up small objects with thumb and index finger, called a pincer grasp. Your baby may want to eat without your help.

Your baby may be able to sit with little or no support and start to pull up to a standing position while holding onto something. Your baby may begin to get on hands and knees and rock back and forth. Your baby likely will start crawling during the next three months.

Separation and stranger anxiety

Starting at or around six months, your baby may begin to show anxiety about being separated from parents or about a stranger who arrives. Many babies resist staying with anyone other than parents. This even includes grandparents or a familiar babysitter.

Parents should never sneak away. Rather say a brief good-bye and reassure your baby that you will come back. Your baby may cry for a short while but soon will stop when distracted by something else of interest.

Thumb sucking and pacifier use

Many babies suck their thumb or fingers or use a pacifier. This is common. These habits have a soothing, calming effect. They usually are not a concern unless they continue past age five.

Do not let your baby use a pacifier in place of or to delay meals.

Growth

By five to six months of age, babies usually weigh at least twice as much as they did at birth.

Nutrition

Breast milk

It is recommended to breastfeed your baby up until 12 months. After 12 months, you may continue to breastfeed if you and your baby desire to do so.

From six to 12 months, continue to provide breast milk as you introduce age-appropriate solid foods. If you have questions or concerns about breastfeeding, call a lactation consultant or your baby's health care provider.

Formula

If you are not breastfeeding your baby, formula fortified with iron is the best substitute for breast milk. Because babies need iron for growth, low-iron formula typically should not be used.

From 6 to 12 months, continue to provide formula as you introduce age-appropriate solid foods.

Do not give cow's milk or honey until your baby is at least 12 months old.

- Giving cow's milk before this can cause iron deficiency and allergies.
- Giving honey before your baby is 12 months old can cause botulism, a type of food poisoning.

Feeding basics

Breast milk and iron-fortified formula are important for your baby's growth at this age. Continue to feed breast milk or iron-fortified formula to your baby until they are at least one year old.

Always hold your baby when you give a bottle. Propping a bottle to feed your baby or putting your baby to bed with a bottle (called forced feeding) can cause problems. Your baby can choke and drink too much. Tooth decay can be a problem, as well as an increase in the likelihood of ear infections.

You may try giving your baby breast milk or formula in a small cup or "sippy" cup (has a lid and a spout).

Warming breast milk, formula, or solid foods

If your baby prefers warm breast milk, formula, or solid foods, place the bottle or dish in a container of warm water for a few minutes. Gently shake the bottle. Then test the temperature. To test, shake a few drops on the back of your hand or the inside of your wrist. Stir the food and then taste it.

Do not warm formula, breast milk, or food in a microwave because they heat unevenly, which could cause them to burn your baby's mouth. Also, if breast milk gets too hot, it can lose its positive benefits.

Starting solid foods

Although breast milk or iron-fortified formula provides most of the required vitamins and minerals for a baby's entire first year of life, your baby's nutritional needs are changing. If you have not already done so, begin feeding your baby solid foods.

Make sure your baby has the developmental and oral motor skills for swallowing solid foods. Look for these signs that your baby is ready to try solid foods:

- Can hold upper body steady when sitting with support.
- Can control the head and neck and hold the head up enough to eat from a spoon.
- Is interested in food when others eat.
- Sometimes opens mouth when food approaches.
- Is able to swallow baby food placed on the tongue.

Start giving solid foods with a **single-grain, iron-fortified baby cereal**. Mix two to three teaspoons of cereal with expressed breast milk or formula. Mix until the texture is thin and smooth. Once your baby becomes used to eating cereal of this texture, gradually increase the amount and thickness.

After your baby gets used to eating cereal, you may begin to add plain, pureed vegetables and fruits. Iron is important for your baby's growth. Continue to give your baby iron-fortified cereal even after you start other foods.

Give your baby store-bought baby food or prepare your own baby food with a blender or food processor to make regular food into the right consistency.

In a few months, you may give very soft table food. Go from single smooth foods to chunkier foods to combination foods. If using store-bought baby food, avoid combination foods if they have more than three ingredients and less than four grams of protein per serving. Do not give desserts or sweets to your baby.

Babies usually are not ready to eat finger foods until they can pick up small pieces of food with their index finger and thumb.



Feeding solid foods

- Put the amount of food you think your baby will eat in a dish separate from the jar. Refrigerate any unused food that is in the jar. Use it at the next feeding. Throw away any food left in your baby's dish.
- Do not add salt or sugar to baby food.
- It is not necessary to heat baby foods. Most babies do not yet want foods warmed.
- Always feed solid foods from a spoon. Do not give foods from a bottle or infant feeder.
- Expect this new experience to be slow and messy. Your baby is learning. Put a bib on your baby and be patient.
- It may take up to ten times of tasting a new food before your baby begins to like it. Be patient.
- Try not to feed your baby when you are rushed or pressed for time.
- Watch for signs of choking or gagging. Your baby needs to adjust to the new textures.
- If your baby has trouble with a new food, wait several days before you give that food again.

Babies' appetites can change from day to day. Babies let you know when they are full. They turn their head away from the spoon or hold their lips closed. Never force your baby to eat more food after they are full.

Food allergy

Food allergy reactions can range from mild to severe. They happen when the body reacts against proteins found in foods. Usually, this happens shortly after a food is eaten. The following foods cause most food allergies.

- Cow's milk
- Eggs
- Peanuts
- Soy
- Wheat
- Nuts from trees
- Fish
- Shellfish

As you start new foods, watch for signs of a food allergy or intolerance, such as:

- Tingling or itching in the mouth
- Face, tongue, or lip swelling
- Wheezing
- Hoarse breathing
- Flushed skin or rash
- Hives or welts
- Diarrhea
- Vomiting

If any of these signs happen after you start a new food, stop feeding the food. Tell your baby's health care provider about the possible reaction. You may wish to keep a diary of new foods and any reactions.

Seek immediate medical attention if your baby has difficulty breathing or loses consciousness.

Juice

Juice has little nutritional value for babies or children. Offering juice before you introduce solid foods can risk having juice replace breast milk or infant formula in the diet. Your baby then takes in less protein, fat, vitamins, and minerals, such as iron, calcium, and zinc.

Babies who drink juice also are at increased risk for dental cavities. Prolonged exposure of the gums and teeth to the sugars in juice is a major cause of dental cavities.

If you decide to give your baby juice when they are older, limit it to no more than four ounces a day. It is best to help your baby drink juice from a small cup or sippy cup. If you use a bottle, always hold your baby while feeding.

Vitamin D and supplements

Vitamin D helps develop strong bones. Talk to your baby's health care provider about giving your baby a daily vitamin D supplement. To give your baby the correct dose, follow the instructions that come with the liquid supplement.

You do not need to give other vitamin or mineral supplements unless your baby's health care provider tells you otherwise.

Health

Preventing illness

Babies are especially susceptible to illness. It is not unusual for babies to get seven to nine colds a year, each lasting about seven to 10 days. To lower your baby's exposure to illness:

- Have people wash their hands before they hold or play with your baby.
- Wash your baby's hands before and after meals, after diaper changes, and after playing with toys.
- Whenever possible, keep your baby away from large crowds and people who have colds.
- If you breastfeed, continue to give your baby breast milk, which helps build up your baby's immunity to many illnesses.
- Create a smoke-free environment. Children who are exposed to smoke from cigarettes, pipes, or cigars are at increased risk for serious health problems. Babies of parents who smoke are at greater risk for sudden infant death syndrome (SIDS). See the section titled "Preventing sudden infant death syndrome (SIDS)" for more information about SIDS.

A baby entering daycare has an increased risk for colds and ear infections. Talk with your baby's daycare providers about their policy on illness, hand washing, regular washing of toys that children may put in their mouths, and smoking around children.



Immunizations

Immunizations, also called vaccinations, are an important part of your baby's care. They save lives and protect against the spread of disease. Not having your child immunized puts your child at risk to catch a dangerous or deadly disease.

Go to all scheduled well-child appointments. Keep your baby's immunizations up to date. Read the information that you get at the well-child appointments.

If you have questions about immunizations, talk with your baby's health care provider.

All babies six months and older should get a yearly influenza (flu) vaccination. This helps to prevent the flu and flu-related complications that may develop. Those who have close contact with your baby also should get a yearly flu vaccination to help prevent passing this illness.



Cough and cold medicine

Over-the-counter cough and cold medicines are not recommended or safe for children younger than six years old. These medications have not been studied in children.

Suggested treatment options include nasal suction, saline rinse, cool humidified air, and drinking plenty of fluids.

If you are thinking of using natural remedies to soothe your baby, talk with your baby's health care provider first. Many natural remedies are thought to be safe but may in fact harm your baby.

Fever

A fever occurs when the body temperature rises above normal – above 100.4 degrees Fahrenheit (F) or 38 degrees Celsius (C).

A fever is a symptom, not an illness by itself. Fevers can have many causes. The most common cause of fever in children is viral illness. Fevers related to viral illness usually last about two to three days.

Fevers can be a sign of a more serious illness. Follow these guidelines for when to contact your baby's health care provider. But remember, these are general guidelines. **If you are worried about how your baby looks or acts, call your child's health care provider.**

Call your baby's health care provider during regular office hours if your baby has:

- A fever for more than 48 to 72 hours without a known cause.
- A fever that returns after having gone away for 24 or more hours.
- Burning or pain with urination.
- Ear pain or ear pulling.

Call your baby's health care provider right away or take your baby to an emergency care facility if your baby has:

- Difficulty breathing.
- Disorientation or confusion, or is not responsive or difficult to awaken.
- Stiff neck.
- Seizure.
- Signs of significant dehydration, such as a dry mouth, sunken eyes, or minimal urination, for 8 to 12 hours.
- Intense abdominal pain.
- Extreme irritability and is difficult to comfort or calm for more than one hour.
- Acts very sick.

Taking your baby's temperature

If you think your baby has a fever, use a digital rectal thermometer to check your baby's temperature, unless instructed otherwise by your baby's health care provider.

Put a small amount of lubricant, such as KY™ Jelly, on the tip of the thermometer. Insert the thermometer into the rectum following the instructions that come with the thermometer. Hold your baby's feet and legs securely when you take a rectal temperature. See Figure 1.



Figure 1. Taking your baby's temperature

Most fevers are not harmful for children because they help the body fight infection. Although a fever may make your baby feel uncomfortable, it will not cause permanent harm.

Ask your baby's health care provider for more information about fevers and babies if you have questions or concerns.

To comfort your baby with a fever:

- Do not overdress or bundle your baby. Dress your baby in one light layer of clothing while indoors.
- Sponge your baby with lukewarm, not cold, water. If your baby shivers or becomes cold, stop sponging or warm up the water temperature.

Preventing diaper rash

After a wet or soiled diaper, use a washcloth, warm water, and a mild soap or diaper wipes, if needed, to wash your baby. For girls, wipe from front to back to avoid carrying bacteria to the vagina or bladder. Pat dry the diaper area with a soft cloth. Avoid using or limit the use of baby powder. It can irritate your baby's lungs.

If your baby gets diaper rash, continue to change diapers frequently. Wash your baby with plain warm water after each wet and dirty diaper. Do not use diaper wipes until the rash clears because they may be irritating. Allow time each day for your baby to be without a diaper, exposed to air. Use an over-the-counter diaper rash ointment, such as A and D Ointment™ or Desitin™. Call your baby's health care provider if the rash does not get better in a few days.

Teething

During the next few months, your baby may begin teething. You will see teeth slowly come through the gums. The average age for this is about six months. Most teething babies drool a lot and want to chew on almost anything.

Your baby may be fussy or irritable more often while teething. You can help comfort your baby. Give a cool, wet washcloth or soft teething ring to chew on. Before you use over-the-counter gels to treat baby's sore gums, talk to your baby's health care provider.

Start doing daily dental cleaning as soon as your baby's first tooth appears. Cleaning your baby's teeth gets harder as your baby gets older unless your baby gets used to it now. Clean your baby's teeth with a soft cloth or a baby toothbrush.

Toothpaste with fluoride is recommended for all children starting when their first tooth comes in. Use only a very small amount, about the size of a grain of rice.

Sleep

Most six-month-olds sleep about 12 hours a night and take a morning and afternoon nap.

At six months of age, most babies start to be anxious about separation from their parents. During the day, respond to separation fears by holding and reassuring your baby. This lessens nighttime fears. Leaving your baby's bedroom door open at bedtime may also lessen nighttime fears.



To help your baby sleep

- Continue to keep a regular bedtime and a relaxing routine.
- Put your baby in the crib when they are drowsy but still awake. This helps your baby learn to fall asleep. This is a skill your baby needs as it is normal for babies to wake during the night.
- Feed your baby before bedtime. Babies sleep better after they have been fed.
- Do not allow your baby to have a bottle in bed.
- If your baby cries for more than a few minutes, go to them. Don't turn on the bedroom light. Check for illness or a dirty diaper while your baby is in the crib. Whisper soothing words and pat or rub your baby's back. Then quietly leave your baby's room.
- If your baby continues to cry, return a few minutes later and repeat the steps listed above.
- If the crying continues, wait a bit longer each time to respond.
- **To reduce the risk of SIDS, always place your baby on their back for naps and at night.** If your baby rolls over onto their stomach, it is okay to let them sleep in that position. See the section titled "Preventing Sudden Infant Death Syndrome (SIDS)" for more information about SIDS.

To lower the chance that flat spots may develop on your baby's head from sleeping on their back, do the following:

- Give your baby "tummy time" when your baby is awake and being watched.
- From one week to the next, change the direction that your baby lies in the crib.
- Keep your baby from spending too much time in car seats, carriers, and bouncers.

Preventing sudden infant death syndrome (SIDS)

Sudden infant death syndrome (SIDS) is a sudden and unexplained death of a baby under one year old. The cause is unknown. Research studies show that the following precautions can lower the risk of SIDS.

- **Always place your baby on their back for naps and at night.**
- Place your baby on a firm sleep surface, such as on a safety-approved crib mattress covered by a fitted sheet.
- Keep soft objects, toys, and loose bedding out of your baby's sleep area.
- Keep your baby's sleep area close to, but separate from, where you and others sleep.
- Think about using a clean, dry pacifier when you place your baby down to sleep, but do not force your baby to take it.
- Dress your baby in light sleep clothing. Keep the room at a temperature that is comfortable for adults. Too many layers of clothing can overheat your baby.
- Avoid products that claim to lower the risk of SIDS, such as positioning devices. Most have not been tested for effectiveness or safety.
- Do not rely on a home monitor to lower the risk of SIDS.
- Do not allow smoking around your baby.

Talk about the risk of SIDS with anyone who cares for your baby. Talk to grandparents, babysitters, and daycare providers. Ask them to follow these guidelines.

Safety Concerns

Child safety seats

Your baby must be in an approved, rear-facing car seat at all times when in a vehicle.

Babies are safest if they continue to ride rear-facing until they are two years old or reach the highest weight or height allowed by the car seat's manufacturer. Generally, these are 30 to 40 pounds and 26 to 32 inches.

In a vehicle, the safest place for your baby is in the back seat, in the middle if possible. Never put your baby in the front seat. It is even more dangerous if your car has airbags. Airbags can cause serious harm or death to children.

- **Always read and follow the manufacturer's instructions for your car seat.** If you do not have instructions, contact the manufacturer. The address and phone number are on a label on the seat.
- Follow the instructions in your vehicle owner's manual about using car seats. Some manufacturers' instructions may be available on their web sites.
- Do not use child safety seats that have been in a crash or that you do not know the history of.
- Most car seats expire after 6 years from the date of manufacture. An expiration date should be printed somewhere on the seat. When in doubt, call the manufacturer and ask for this date.
- Secure the harness straps when your baby is in the car seat. This includes when you carry the car seat or place it in a shopping cart.

Car seat instructions can be confusing. On average, four out of five car seats are not installed correctly. If you have questions or would like more information about the use of your baby's car seat, ask your baby's health care provider. Find out who you can contact in your community to get more information. You also can seek out a public agency in your area that inspects child safety seats, or you can attend an infant passenger safety class.

Never put a child safety seat in the front seat.

Never leave your child alone in a vehicle.

Be a good role model and always wear your seatbelt.



Preventing falls and injuries

From six months on, the greatest cause of infant death is injuries. Most injuries can be prevented. Injuries often happen because parents are not aware of what their child can do.

Childproof each room in your home by the time your baby is six months old. Babies this age and older are curious. Soon they are mobile and want to explore their surroundings.

- Put gates on stairways and doors before your baby is mobile.
- Cover all electrical outlets.
- Remove sharp-edged and hard furniture from rooms where your child plays.
- Put the crib mattress at the lowest setting so a standing baby cannot climb or fall out. Remove any bumper pads.
- Put childproof locks and safety latches on cupboards and drawers, especially where poisonous substances or sharp items are kept.
- Keep hot appliances, electrical cords, and drapery cords out of your child's reach.
- Remove toys, objects, and household decorations that are not safe or that have small parts that your child could remove.

Do not put your child in a baby walker. Your baby may tip it over, fall out of it, or fall down the stairs in it. Baby walkers may allow children to get to places where they can pull hot foods or heavy objects down on themselves. "Exersaucers" that your baby cannot move around are safer.



Preventing burns

From six to 12 months, babies grab at everything. Never eat, drink, or carry anything hot around your baby.

To prevent burns and scalds, keep your home's water heater temperature set at or below 120 degrees Fahrenheit (48.8 degrees Celsius). Use the water heater's instruction manual or go to the manufacturer's web site. There you can learn how to check the temperature your water heater is set at or to change the setting. Never leave your baby alone in or near water.

Frequently check that your smoke and carbon monoxide detectors are working. Change the batteries at least once a year on a date you will remember, such as when daylight saving time begins. Have a working fire extinguisher in your home.

Make sure your baby's sleepwear is not flammable, which means it cannot easily catch fire.

Sun safety

Keep your baby out of direct sunlight. Find shade under a tree, umbrella, or stroller canopy. Protect your baby from sunburn with clothing and a hat. Keep your baby's eyes away from direct sunlight.

Use a broad-spectrum sunscreen with a sun protection factor (SPF) of 15 or higher. Apply sunscreen to all areas of the body including the face, nose, ears, feet, and hands. Rub it in well. Reapply every 2 hours and after swimming.

Preventing drowning

A child can drown in less than two inches of water. Never leave your baby alone in or near a bathtub, pail of water, wading or swimming pool, or any other water, even for a moment. Stay within an arm's length of your child around water. If you have a swimming pool, a fence should surround it.

Preventing suffocation, choking, and poisoning

Babies at this age are at greater risk for suffocation and choking. They are more mobile and put anything into their mouth.

To prevent suffocation and choking:

- Keep plastic bags, balloons, and small objects out of your baby's reach.
- Teach older children not to give your baby small objects.
- Give your baby only toys that do not break. Give toys that do not have sharp edges or small parts that can come loose.
- Keep cords, ropes, and strings away from your baby, especially near the crib.
- Remove hanging mobiles or toys from the crib before your baby can reach them.
- Remove bumper pads from the crib once your baby starts rolling and before they can pull up to a kneeling or standing position.

What should I do if my baby chokes?

To be prepared in case of an emergency take a class on cardiopulmonary resuscitation (CPR) and choking first aid for children. Encourage everyone who cares for your child to do the same.

If your baby is able to cough, cry, or make noises with force, do not interfere. Keep watching your baby closely and be ready to help if needed. Alert someone that your baby is choking.

If your baby is choking and can't breathe:

- Assume a seated position. Hold the infant face down on your forearm, which is resting on your thigh.
- Thump the infant gently but firmly five times on the middle of the back using the heel of your hand. The combination of gravity and the back blows should release the blocking object.
- Hold the infant face up on your forearm with the head lower than the trunk if the above doesn't work. Using two fingers placed at the center of the infant's breastbone, give five quick chest compressions.
- Repeat the back blows and chest thrusts if breathing doesn't resume.
- Begin infant CPR if one of these techniques opens the airway but the infant doesn't resume breathing. **Call 911 after 2 minutes of CPR if someone has not already called.** Then continue doing CPR.

To prevent poisoning

Babies will put anything into their mouth, even if it does not taste good. Many ordinary things in your house can be poisonous to your child.

- Keep household products, such as detergent pods, bleach, cleaners, chemicals, and medicines, completely out of sight and reach.
- Put safety latches on drawers and cupboards.
- Be aware that some household plants are poisonous. Keep all plants out of your baby's reach.

If you think your baby has ingested something poisonous, call the Poison Control Center right away. Place the Poison Control Center phone number where your entire family can find it: 1 (800) 222-1222.

Preventing non-accidental head trauma (shaken baby syndrome)

Non-accidental head trauma, also known as shaken baby syndrome, is a medical term for the injuries caused by shaking or throwing a baby.

Never shake or throw your baby. Shaking or throwing a baby, even for a few seconds, can cause bleeding inside the head and pressure on the brain. This may cause blindness, deafness, internal bleeding, paralysis, brain damage, or death.

Shaking a baby generally happens when a person is angry or frustrated and loses control. Do not hold your baby during an argument or fight. If you find yourself becoming annoyed or angry, put your baby in the crib and leave the room. Take a time-out. Call someone for support.

Tell anyone who cares for or spends time with your baby about the dangers of shaking or throwing a baby. Do not leave your baby with someone who seems violent, is angry, drinking alcohol, or using drugs.

Some symptoms of non-accidental head trauma or shaken baby syndrome include sleepiness, fussiness, poor eating, vomiting, seizures, not breathing, or unconsciousness.

Immediately seek medical care for your baby if you suspect an injury.

Radon

Radon is a gas that occurs naturally from the breakdown of uranium in soil, rock, and water. It has no odor or color. Radon can enter homes through cracks or openings in walls or foundations and become part of the air you breathe. It is the leading cause of lung cancer among nonsmokers.

The only way to know whether your home has high levels of radon is to test. Test kits are available at city and county health departments, home improvement stores, and hardware stores.

If you have unsafe levels of radon in your home, there are ways to lower the risk.

For information about radon testing or what you can do if you have radon in your home, contact your local department of public health or a local chapter of the American Lung Association.

Insects

Keep your baby out of areas where there are mosquitoes. If that is not possible, use screens and clothing to protect your baby. If that is not possible, insect repellent can be applied to babies older than 2 months.

DEET is a chemical used in insect repellents. Choose an insect repellent that contains 10-30 percent DEET. Use just enough repellent to cover your baby's clothing and exposed skin. Do not apply insect repellent to a baby's face or hands. Wash your baby's skin with soap and water to remove repellent after you return indoors.

Other safety issues

- Closely supervise pets and older children around your baby.
- Avoid or limit the use of baby powder. It can irritate your baby's lungs.

Interacting With Your Baby

At six months, your baby interacts with you more.

- Talk, sing and read frequently to your baby.
- Play music and give your baby age-appropriate toys to play with.
- Give your baby chances to safely explore.
- Play with, hold, cuddle, and rock your baby.
- Have your baby eat with the family whenever possible.

Family relationships

Make time for yourself and plan for time with your partner or close friends. Share the baby care responsibilities as much as possible.

If you have other children, encourage them to interact with the baby and to help, but always supervise them when they do. Continue to give your other children uninterrupted periods of special time.



Postpartum blues and postpartum depression

The birth of a baby triggers many powerful emotions, from excitement and joy to fear and anxiety. But your baby's birth might also result in something you might not expect – depression.

Many moms experience postpartum blues soon after childbirth. These are also called "maternity blues" or "baby blues." They commonly include mood swings, tearfulness, anxiety, and difficulty sleeping. Usually, these symptoms require no treatment and go away within two weeks.

It is very common to have postpartum blues. However, if symptoms last longer than two weeks or interfere with your everyday activities, including caring for your baby, you may have postpartum depression.



Postpartum depression

Postpartum depression is a common, serious, and treatable complication of childbirth. It can happen any time up to a year after your baby is born.

If you're concerned about postpartum depression, make an appointment with your health care provider right away. Taking care of yourself is the best thing you can do for your baby.

Don't feel ashamed or guilty. Many factors contribute to postpartum depression. They include changes in your brain chemistry, hormone levels, and lifestyle. And none of them are your fault.

Work with your health care provider to develop a treatment plan that works for you. Treatment may include counseling, medication, or both. Left not treated, postpartum depression may last for a year or even longer.

Childcare

Your baby may be cared for at a center or the home of a daycare provider. Or someone may care for your baby in your home. As you evaluate how childcare is going for your baby and family, consider the following factors:

- Safety and health standards
- Licensing, accreditation, and qualifications
- Child-to-staff ratio
- Care provider policies including visiting policy
- Your expectations
- Back-up care plan

If you have any issues you need to discuss with your daycare provider, be open and honest about your concerns. If you need to make adjustments, do so.

A Final Word

Enjoy your baby during this time. Give your baby your time, attention, and unconditional love.

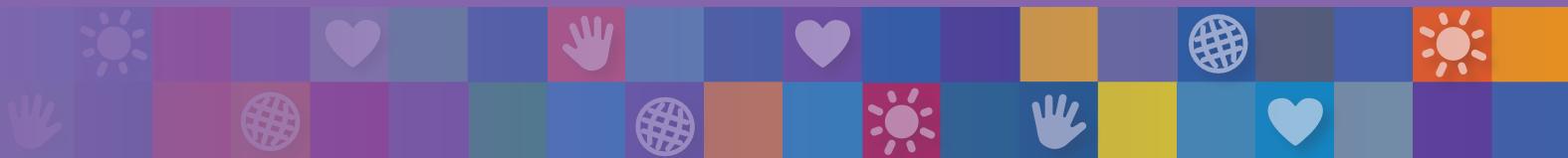
Follow the schedule your baby's health care provider suggests for well-child exams.

Well-child exams or regular checkups focus on your baby's growth and development. They let you get to know your baby's health care provider. Write down any questions or concerns you may have as you get ready for each well-child exam. Talk with your health care provider about any concerns you may have.

Your baby will receive immunizations as scheduled by their health care provider. Unless your baby has special needs or concerns, lab tests aren't needed at most well-baby exams.

If you have any questions or concerns about this information or anything concerning your baby, contact your baby's health care provider. Together, you will help your baby thrive and be healthy.





BARBARA WOODWARD LIPS PATIENT EDUCATION CENTER

Mrs. Lips, a resident of San Antonio, Texas, was a loyal Mayo Clinic patient of more than 40 years and a self-made business leader who significantly expanded her family's activities in oil, gas and ranching. Upon her death in 1995, Mrs. Lips paid the ultimate compliment by leaving her entire estate to Mayo Clinic. By naming the Barbara Woodward Lips Patient Education Center, Mayo honors her generosity, her love of learning, her belief in patient empowerment and her dedication to high-quality care.

This material is for your education and information only. This content does not replace medical advice, diagnosis or treatment. New medical research may change this information. If you have questions about a medical condition, always talk with your health care provider.

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